

Governor's Proposed FY23 Budget Adjustments
Appropriations Hearing
HB 5037 AAC the State Budget for the Biennium Ending June 30th, 2023
Department of Mental Health and Addiction Services
Thursday, February 24th, 2022

Mitzy Sky
Advocacy and Education Coordinator
Advocacy Unlimited, Inc.

Good afternoon, Senator Osten, Representative Walker, Senator Hartley, Representative Dathan, Representative Nolan, Senator Miner, Representative France, and distinguished members of the Appropriations Committee.

My name is Mitzy Sky, and I am a registered voter in Stamford.

I am writing to share my concerns about the need for peer respites in the proposed budget for DMHAS.

In that light, I would like to commend Governor Lamont for having the issues of Supportive Housing Services, Diversion and Discharge Services, Young Adult Services, Substance Abuse Services, Mobile Crisis Services, respite bed services for people coming out of or being diverted from incarceration, mental health peer supports in hospital emergency departments, and DMHAS Legal Services (CLRP), in the budget.

We must admit there is a lot of suffering happening. The question I often ponder is how to stop the suffering for everyone. I haven't come to any conclusion or believe there is just one way. I have concluded that self-directive, which includes personal responsibility, getting to know oneself, and building awareness to choose, builds strength and offers long-term freedom from emotional, mental, physical, and financial suffering.

The need for peer-run respites is evidence-based practice. The World Health Organization recently recognized Afiya peer-run respite run by Wildflower Alliance in Western Massachuttes for their work in this area. Connecticut is often said to have taken the lead in mental health services. Allocating \$7.5 million in the DMHAS budget to establish and fund peer-run respites will help CT live up to that statistic. You will hear testimonies that share how much money the taxpayers will save when you establish peer-run respites. For example, someone shared that it costs \$1,800 per day for a bed at a state hospital for one person. A place that houses up to two hundred people at \$670,000 for a year. Allocating 7.5 million dollars for respites in each catchment area to support hundreds of people and save the state millions of dollars is beneficial for the people under emotional distress and currently overpowered to the illness disease model of care.

I would like to share the experience of a loved one recently who reached out for mental health and addiction substance abuse services. They entered a facility where the staff used the model

that they knew best for the person asking for services. They took away phones; they put cameras in the bedrooms to watch the people and invade privacy, they fed them sugar, starch, vapes, cigarettes, gave them psychotropic drugs, and seizure drugs that cause side effects, and then gave them more pills for the side effects, and at the same time listened in on their limited phone calls offering them no privacy to share with loved ones back home what they were experiencing and they weren't able to check on the status of their living situation back home if light, gas, or rent was getting paid. This experience further caused more trauma to their human experience as they seek to stop using illegal addictive substances; they are given legal addictive substances instead of gaining insight to take care of their overall emotional well-being that would allow them to handle things that may cause stress.

Their desire to live their best human experience led them to investigate a peer-run respite. They were offered immediate support, including a twenty-four-hour warm line when they want to speak with someone. The peer-run respite was described to them that they will be able use their phone, go to work when they are can, be taught coping skills to handle the pain that may come up. The methods that they use now such as rocking were recognized as something useful, not weird or something to be ridicule. The person completing the intake was able to share their methods and gave examples such as breathing, and meditating. The reason they could offer such support with empathy and compassion is because the experiences of distress they went through they know the possibility for others to make it through the pain. It is not about having a degree and what you studied in a book and your added life experience makes you an "expert." It's knowing what you been through and respecting that the other person you are supporting is an expert on themselves. Because, "there goes I," and I am holding all the possibilities for you as I know this too shall pass and I will walk with you until you find your home that is right here now within you.

I hope you will allocate the \$7.5 million dollars in the DMHAS budget to establish and fund the peer-run respite. Transformation is happening and it shouldn't just be for the people with the degrees, to continue to profit on the backs of the people using the services. The phrase "lived experience" is becoming a buzz word. But it shouldn't be about the labels that psychiatric services have mastered and label people. It should be about people using what they have learned to move through pain, to help someone else going through the same adversities.